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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365663 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/07/2025 |
| NAME OF PROVIDER OR SUPPLIER Genoa Retirement Village | | STREET ADDRESS, CITY, STATE, ZIP CODE 300 Cherry St Genoa, OH 43430 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
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| <p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>Based on observation, medical record review, staff interview, and review of facility policy, the facility failed to ensure resident incontinence care was provided timely. This affected one (#1) of three residents reviewed for incontinence care. The facility census was 64. Findings include: Review of Resident #1's medical record revealed an admission date of 05/21/22. Diagnoses included Parkinson's disease, dementia, anxiety disorder, seizure disorder, major depression, benign prostatic hyperplasia (BPH) with lower urinary tract symptoms, and Type II diabetes mellitus. Review of the Minimum Data Set (MDS) assessment, dated 07/11/25, revealed Resident #1 was severely cognitively impaired, was dependent on staff for the completion of activities of daily living (ADLs), was incontinent of bowel and bladder, utilized a wheelchair propelled by staff, and was at risk for pressure ulcer development with no current skin breakdown. Review of the plan of care, dated 06/15/22, revealed Resident #1 had episodes of incontinence related to impaired mobility, Parkinson's disease, and BPH. Interventions included to provide incontinence care and incontinence products as needed. Observation on 08/06/25 at 8:13 A.M. revealed Resident #1 was seated in a reclined wheelchair in the common area. Further observation at 10:12 A.M. revealed Resident #1 remained seated in the reclined wheelchair in the common area. Interview on 08/06/25 at 11:09 A.M. with Certified Nursing Assistant (CNA) #200 and Registered Nurse (RN) #300 revealed Resident #1 was provided with morning care, including incontinence care, at approximately 8:00 A.M. CNA #200 and RN #300 stated Resident #1 required incontinence checks every two hours and confirmed the resident had not been checked since rising at approximately 8:00 A.M. Observation on 08/06/25 at 11:19 A.M. revealed CNA #200 transported Resident #1 to his room. Continued observation revealed CNA #200 and RN #300 transferred Resident #1 to his bed, utilizing a mechanical lift. CNA #200 discovered Resident #1's pants were soiled through with a heavy amount of urine that had penetrated through an adult incontinence brief, through his pants, and onto a folded bath blanket on the seat of the wheelchair. Resident #1's shirt was also soiled with urine. Interview on 08/06/25 at 11:43 A.M. with CNA # 200, following the observation of incontinence care for Resident #1, verified the resident was to be checked every two hours to monitor his need for incontinence care and it had been approximately 3.5 hours since the resident was last checked and provided care. CNA #200 confirmed Resident #1 was heavily soiled with urine. Interview on 08/06/25 at 2:45 P.M. with the Director of Nursing (DON) revealed CNAs and nurses utilized the Resident Profile to determine the frequency of a resident's incontinence care needs. Review of the Resident Profile revealed an approach description, dated 07/19/22, for continence. Further review revealed to check and change Resident #1 due to incontinence of bowel and bladder. Additional review revealed frequent rounding to check on the resident's needs. No interval or time frequency of the resident's incontinence checks or patterns were indicated. Review of the facility policy titled, Bladder Continence, dated 05/10/16, revealed the purpose was to provide measures for a resident who was incontinent to receive appropriate treatment</p> <p>(continued on next page)</p> |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>and services to prevent urinary tract infections and to restore as much normal bladder function as possible. Clinical staff must utilize care assist entries to assist in establishing bowel and bladder patterns. Residents that were not eligible for a continence program should be assessed regularly to maintain dignity, skin integrity, and a clean and dry condition. The elimination care plan should include individualized interventions to maintain a dry condition for those unable to re-establish continence. Toileting and continence interventions shall be communicated to caregivers via the resident profile. Review of the facility policy titled, Resident Profile-Caregiver Communication Tool, dated 06/01/21, revealed the purpose was to provide a consistent communication tool for caregivers to receive pertinent and timely information regarding the residents that they (caregiver) were assigned to care for. This deficiency represents non-compliance investigated under Complaint Number 1359849.</p> | | |